
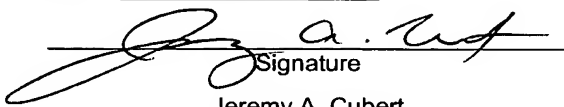


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) A4072.0044/P044																
	In re Application of Subhas C. Kundu, et al.																	
	Application Number 10/621,316-Conf. #2537	Filed July 18, 2003																
	For: STORAGE STABLE ANTIHISTAMINIC SYRUP FORMULATIONS																	
	Art Unit 1615	Examiner Not Yet Assigned																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">420.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$</td> <td></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 40,399</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ December 30, 2003 Date</p> <p>_____ (202) 785-9700 Telephone Number</p> </div> <div style="width: 45%; text-align: center;">  _____ Signature Jeremy A. Cubert Typed or printed name </div> </div> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
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<input type="checkbox"/> Total of 1 forms are submitted.																		

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